In Re: Robert C. Mauricio and Alicia C. Mauricio

Case No. 18-55224-mbm

Debtors.

Chapter 13

Hon: Marci B. McIvor

<u>DEBTORS' OBJECTION TO CLAIM OF</u> MICHIGAN DEPARTMENT OF TREASURY (CLAIM NO. 24)

Debtors, Robert C. Mauricia and Alicia C. Mauricio, by and through their counsel, Goldstein, Bershad & Fried, P.C., for their objection to claim of Michigan Department of Treasury (Claim No. 24), states:

- 1. A proposed Order granting this objection is attached as Exhibit A.
- 2. Debtors filed a Chapter 13 Bankruptcy on November 9, 2018.
- 3. On February 13, 2019 the Michigan Department of Treasury filed a Notice of Unfiled Tax Returns regarding Debtor's 2015 and 2016 City of Detroit Income Tax Returns.
- 4. In response to said Notice on February 15, 2019 copies of Debtors' 2015 and 2016 City of Detroit Tax Returns were emailed to the appropriate attorney at the Office of the Attorney General both indicating refunds were owed to the Debtors. (See attached Exhibit B)
- 5. That on April 22, 2019 the Michigan Department of Treasury filed a Proof of Claim indicating unassessed liabilities for the City of Detroit for the tax years 2015 and 2016.

4. That the 2015 and 2016 City of Detroit tax returns were filed and provided to the Office of the Attorney General on February 15, 2019 and there are no obligations owing for those tax years.

WHEREFORE, Debtors request this Honorable Court enter an Order granting Debtors' objection to the claim of Michigan Department of Treasury (Claim No. 24) to determine that there are no tax obligations owing to the City of Detroit for 2015 or 2016.

Respectfully submitted,

GOLDSTEIN BERSHAD & FRIED PC

BY: /s/ Scott M. Kwiatkowski
Scott M. Kwiatkowski (P67871)
Attorneys for Debtors
4000 Town Center, Suite 1200
Southfield, MI 48075
(248) 355-5300
scott@bk-lawyer.net

Dated: May 13, 2019

In Re: Robert C. Mauricio and

Alicia C. Mauricio

Case No. 18-55224-mbm

Chapter 13

Hon: Marci B. McIvor

Debtors.

ORDER GRANTING DEBTORS' OBJECTION TO CLAIM OF MICHIGAN DEPARTMENT OF TREASURY (CLAIM NO. 24)

Debtors filed and served a Notice of Objection to Claim of Michigan Department of Treasury (Claim No. 24) pursuant to LBR 3007-1 (EDM). A hearing was scheduled for June 27, 2019 at 9:00 a.m. A written response to the objection was not timely served upon Debtor's counsel no later than seven (7) days before the date set for the hearing on the objection. Accordingly, the hearing is canceled and the Court deems that the creditor consents to the relief requested in the objection.

IT IS HEREBY ORDERED:

- Debtor's objection to the claim of Michigan Department of Treasury (Claim No.
 24) is granted.
- 2. The portion of the Proof of Claim of the Michigan Department of Treasury (Claim No. 24) regarding unassessed liabilities for 2015 and 2016 is disallowed.

EXHIBIT A





jennifer gamalski < jennifergamalski@gmail.com>

18-55224 Robert & Alicia Mauricio Tax Returns

1 message

jennifer gamalski <jennifer@bk-lawyer.net>

Fri, Feb 15, 2019 at 10:55 AM

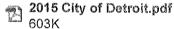
To: Michigan Department Of Treasury / Moe Freedman < Freedman M1@michigan.gov>

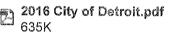
Cc: Scott Kwiatkowski <scott@bk-lawyer.net>

In reference to your Notice of City of Detroit Unfiled Tax Returns filed February 13, 2019 relative to the captioned matter please find attached the Debtors' 2015 and 2016 City of Detroit Returns. Upon review please communicate with our office if you have any questions. Thank you.

Jennifer L. Gamalski Legal Assistant Goldstein Bershad & Fried, PC 4000 Town Center, Ste 1200 Southfield, MI 48075 248-355-5300 www.bk-lawyer.net

2 attachments





201	5 City of Detroit Nunder authority of Public Act 284 of 196	Onr 54, as	esident I	ncor	ne Tax	Return			Check here if amending, Lis			i
Retu	rn is due April 18, 2016.								page 3.			
	or print in blue or black ink. Pr	int nı		: 012	345678	9 - NOT like					*****************	
	r's First Name ALICIA	M.I.	Last Name MAUR	ICI	0		2. Filer's Full Sc	clal S	ecurity No. (Example:		15-6789 8 7	
	oint Return, Spouse's First Name	M.I.	Last Name MAUK	?ICI	Co		3. Spouse's Full	Socia	al Security No. (Exam	,		
Home	Address (Number, Street, or P.O. Box)	nfi	DRO AV	ENVI	E		!		,	53	61	
City o	TOWN WARREN			State MT	ZIP Code	089	4. City return for		ity of: TROIT		City Cod	
5.	2015 FILING STATUS. Check one			***************************************	- 1 - спитинений подписани	8. EXEMP	TIONS, 8a-8c a	pply	to you and your	spous	se only	у,
a.	Single		ou check box "c, 3 and enter spou			Person	al Exemption		***************************************	a.	2	
b.	Married filing jointly	belo					,				***************************************	
c.	Married filing separately*		· matematika		······································					Г	**************************************	
6	2015 DEPENDENT STATUS	·····		***************************************	mandaria a mandaria	Deaf, D	isabled or Blind		***************************************	c	**************************************	****
0.	Check the box if you or yo dependent on another per			almed a	as a	Number	r of dependent o	hildre	ən	d.		
7a.	Filer's date of birth (MM-DD-YYYY)			f hirth (M	M-DD-YYYY	Nimbo	r of other denen	dante	3			
l .		1	2 - 10			I.i	EXEMPTIONS.			" 		
V	0 - 10 - 1181	1	c - 10	, ,	1100	1				f.	3	
	Γ 1: INCOME								38,5		7	
:9,	Wages, salaries, tips, etc. (see in	structi	ons), ,	*********	*************		************	9.	-0, -	0		00
10.	Business or farm income or (loss)	from	line 47. Attach c	opy of U	I.S. Schedu	le C or Schedu	le F	10.		······································	***************************************	00
11.	Gain or (loss) from the sale of tar	gible	property in the C	ity of De	etroit		*********************	11.		***********		00
12.	Rental real estate and royalties.	ittach	a copy of U.S. S	Schedule	E			12.	······	***************************************		00
13.	Partnerships and trusts		*************************	************	************	*****************	*****************	13.				00
14.	Total. Add lines 9 through 13	•••••	**********************	***********	***************************************	munimm	(4 (4 4 4 4 4 9 9 8 8 8 9) dy ab ab ab ab ab	14.	38,58	<u>37</u>	***************************************	00
15.	Subtractions from line 34	*******	by#*e4443b595;44844;4444;14744;	**********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	************	15,				00
16.	Income subject to tax. Subtract	line 1	5 from line 14. It	f line 15	is greater th	nan line 14, ent	er "0"	16.	38,5			00
17.	Exemption allowance. Multiply I	ine 8f	by \$600		*************	**************	***************************************	17,	1,8			00
18.	Taxable income. Subtract line 13	/ from	line 16. If line 1	7 is grea	ater than line	e 16, enter "0",	*************	18.	36,		7	00
19.	Tax. Multiply line 18 by 1.2% (0.0	12).						19.	44	1		on

	orm 5119, Page 2 Detroit Nonresident Income Tax Return	Filer's Full Social Security Number			- 89	87
PAR	T 2: PAYMENTS AND CREDITS		*			
					413	
20.	Tax withheld from City Schedule W, line 5	<i>.</i>			عب الادا	00
21.	2015 city estimated tax and extension payments.		and a supplied the state of the	00		
22.	Tax paid for you by a partnership from City Scheo	Jule W, line 6	22.	·	······································	00
23.	Total Payments and Credits. Add lines 20 throu	gh 22	23.		413	00
DAD	T 3: REFUND OR TAX DUE		•			
	If line 19 is greater than line 23, subtract line 23 f	rom line 19.		<u> </u>		
	Include interest and penalty	if applicable	YOU OWE 24.		White the state of	00
25.	Overpayment. If line 23 is greater than line 19, s	ubtract line 19 from line 23			32	00
26.	Credit Forward. Amount to be credited to 2016 of	city estimated tax from line 25	,			00
27.	Subtract line 26 from line 25		REFUND 27.		32	00
PAR	T 4: SUBTRACTIONS FROM INCOME	(All entries must be positiv	/e numbers.)			
	a.	•	,		The second secon	
28.	Employee business expenses (see instructions).	Attach copy of U.S. Form 2106			·	00
29.	Individual Retirement Account (IRA) contribution	(see instructions)	29.			00
30.	Alimony paid. Do not include child support (see i	nstructions)				00
31.	Work-related moving expenses (see instructions)	. Attach a copy of U.S. Form 3903	31.		······································	00
32.	Net profits received from a financial institution or	an insurance company	32.	***************************************		00
33.	Capital gains (before July 1, 1962)			! :	UNINI (MILIO)	00
34.	Total Subtractions. Add lines 28 through 33. En	ter here and on line 15				00
PAR	T 5: BUSINESS INCOME APPORTION	WENT				
		A. Located	B. Located in		C. Percent	age
		Everywhere	Detroit	· · · · · · · · · · · · · · · · · · ·	(B divided b	y A)
35.	Average net book value of real and tangible personal property	00		00	XXX	Χ.
36.	Gross annual rent paid for real property multiplied by 8	00		00	XXX	X
37.	CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C	00		00		%
38.	Total wages, salaries, commissions and other compensation of all employees	00	, in the second desired the second s	00		%
39.		00		00		%
λO	Posymotories		conceptual (spice dang) may current yen yen yen yen yen yen yen yen yen yen			
40. 41.	TOTAL; Add lines 37, 38 and 39, column C Average.* Divide line 40 by 3. If any of lines 37,			1,		<u>%</u>
	actually used. If all business was conducted in the case of a taxpaver authorized by the Finance Di	e city listed on line 4, enter 100%				%

★ 0000 2015 102 02 27 1

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and attached.

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	orm 5119, Page 3 Detroit Nonresident Income Tax Return	er's Full Social Security Numbe		
42.	Net profit or (loss) from U.S. Schedule C or Schedule F		42,	00
43.	Multiply line 41 by line 42	1431 \$483 15 P. W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		00
44.	Applicable portion of net operating loss carryover	**************************************	44.	00
45.	Applicable part of Self-Employment Retirement deduction	on (attach U.S. <i>1040</i> , page	1)45.	00
46.	Add lines 44 and 45	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00
47.	Subtract line 46 from line 43. Enter here and on line 10.	: 11499777444124441412444(491147444)2244		00
ptonton control	T 6: AMENDED RETURN leason for amending:			
Dece	T 7: CERTIFICATION pased Taxpayer. If Filer and/or Spouse died after December			I declare under penalty of perjury that nation of which I have any knowledge.
Filer	ER DATE OF DEATH ONLY. Example: 04-15-2015 (MM-DD-	AAAX)	Preparer's PTIN, FEIN or SSN	
Taxp	ayer Certification. I declare under penalty of perjury that techments is true and complete to the best of my knowledge.	Preparer's Name (print or type		
Filer's	Signature Au Mawwood	Date 2/14/19	Preparer's Business Name, Ad	dress and Telephone Number
Spour	se's Signature	Date 2/14/19		
	By checking this box, I authorize the Michigan Departm my return with my preparer.	ent of Treasury to discuss		

Refund, credit, or zero returns. Mail your return to: Michigan Department of Treasury, Lansing, MI 48956
Pay amount on line 24. Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your Social Security number and "2015 Detroit Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit www.michigan.gov/citytax.

City of Detroit Withholding Tax Schedule - 2015

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink. Print numbers like this: 0/23458789 - NOT like this: $\emptyset 1.47$

INSTRUCTIONS: If you had city income tax withheld in 2015, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your Forms W-2.** Attach your completed City Schedule W to Form 5118, Form 5119, or Form 5120. If you need additional space, complete the City of Detroit Withholding Tax Continuation Schedule (Form 5253).

1. Filer's First Name ALICIA	M.I. Last Name C MAURICIO		2. Filer's Full Social Security No. (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I. Last Name C MAMRICIO		3. Spouse's Full Social Security No. (Example: 123-45-6789)
Return for the city of: DETROIT		City Code 170	0361

PART 1: CITY TAX WITHHELD

A Enter "X" for: Filer or Spouse		B — Employer's federal identification number (Example: 38-1234567)	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2	E City income tax withheld from Box 19 of W-2	
	Х	38-6004606	CITY OF DETROIT FINANCE	38,587 00	473 00	
				00	00	
				00	00	
		-		00	00	
			;	00	00	
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		The modern of the control of the con		00	00	
				00	00	
5. T ot	al Ci	ty Tax Withheld. Enter here ar	nd carry to Form 5118, line 17, Form 511	9, line 20 or Form 5120, line 36.	473 00	

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A	В	С
Name of Partnership	Federal Identification Number	Tax Paid
		00
		. 00
		00
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, lin	ne 22 or Form 5120, line 38	00

Check this box and complete the City of Detroit Withholding Tax Continuation Schedule (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- · All wage income earned by residents is subject to tax. Residents should not complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

***** 0000 2015 104 01 27 0

Continue on page 2.

2015 Form 5121, Page 2	
City of Detroit Withholding	Tax Schedule

	iiuiiuaviinadon-niina, ir		
Filer's Full Social Security Number	,	,,,,,,,,,,,	 8987

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit. See instructions for additional information and definition of "days worked". Residents **do not** complete Part 3 as all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, attach Form 5253, City of Detroit Withholding Tax Continuation Schedule.

А	В	С	D	E	F	G	Н	
Enter "X" for: Filer or Spouse	Number of Days paid (5 day week x 52 weeks = 260 days)	Number of days vacation, holidays, and other days not worked.	Actual number of days worked everywhere. Subtract C from B.	Actual number of days worked in Detroit	Percentage of days worked in Detroit, Divide E by D.	Total wages shown on W-2 (City Schedule W)	Wages earned in Detroit. Multiply G by percentage in F.	
				:	%	ÖO	00	
	If Column B is no	t 260 days, enter e	xplanation.					
					%	00	00	
***	If Column B is no	t 260 days, enter e	xplanation.					
					%	00	00	
	If Column B is no	t 260 days, enter e	xplanation.		·			
				:	%	00	00	
	If Column B is no	t 260 days, enter e	xplanation.		,			
					%	00	00	
	If Column B is no	t 260 days, enter e	xplanation.			-		
	*	·		:	%	00	00	
	If Column B is no	t 260 days, enter e	xplanation,		4			
		:			%	00	00	
	If Column B is no	t 260 days, enter e	xplanation.					
				,	 	00	00	
	If Column B is no	t 260 days, enter e	xplanation.		1 /9			

⁺ 0000 2015 104 02 27 9

Michigan Department of Treasury - City Tax Administration 5119 (04-16)

201 Issued	6 City of Detroit Number authority of Public Act 284 of 196	onr 34, as a	esident l	ncon	ne Tax	Return		[Check here if you amending. List re		
	ırn is due April 18, 2017.					•			page 3.		
Туре	or print in blue or black ink, Pr	int nu	mbers like this	: 0123	345 <i>678</i>	9 - NOT like				***************************************	
	er's First Name ALICIA	N.J.	Last Name MAV			ria ariano al occupantingo con estraco	1		ecurity No. (Example: 12		•
	oint Return, Spouse's First Name ROBERT	N.J.	Last Name MAU	250	IO				Security No. (Example:	·	
Home	Address (Number, Street, or P.O. Box)	FOR	D AVE	NUE	}			teliana	0	361	
City o	WARREN			State	ZIP Code 480	89	4, City return for		y of: TROIT	City Co	
5.	2016 FILING STATUS. Check one	•		L	<u> </u>	8. EXEMP	TIONS, 8a-8c a	ylga	to you and your spo	use onl	V.
a.	Single	line :	ou check box "c, 3 and enter spou						a.	wwy	d
b,	Married filing jointly	belo	N:	***************************************	-	65 and	A) IAT		b.		
c.	Married filing separately*		***************************************	-1		1.			•		
6.	2016 DEPENDENT STATUS			o		Deaf, D	isabled or Blind.	i trong a garan		وسفي	
	Check the box if you or yo dependent on another per			almed a	is a	Number	r of dependent cl	nildre	n	2	
7a.	Filer's date of birth (MM-DD-YYYY)	7b.	Spouse's date or	f birth (Mi	M-DD-YYYY)	Number	r of other depend	lents.	6 .	<u></u>	
6	16-12 -1981	13	2 - 10	siereit	1986		EXEMPTIONS. 8e		lines 8a f.	4	ł
PAR	T 1: INCOME								·		1
9.	Wages, salaries, tips, etc. (see in	structi	ons)		***************************************	***************************************	***************************************	9.	49,6	10 Z	00
10.	Business or farm income or (loss)	from	line 47. Attach c	opy of U.	.S. Schedul	e C or Schedu	le F	10.	Sarayayaan ahaa ahaa ahaa ahaa ahaa ahaa ah	**************************************	00
11.	Gain or (loss) from the sale of tar	gible	property in the C	ity of De	troit	*****************	*X*********************	11.			00
12.	Rental real estate and royalties. A	kttach	a copy of U.S. S	chedule	E	**************************************	4>><4274	12.		······································	00
13,	Partnerships and trusts	******	1 <u>1</u> ,***c,****************************	it.1437441441.134	**************	*************	v, j	13.			00
14.	Total. Add lines 9 through 13	*3******	******		स्वकृत्रके, हे, दश्चाहें करों सहस्र हैं स्वया है	şbağığı (3.1.8.4.4.7.2.2.2.2.4.4.2.4.	.v	14.	49,91	Z	00
15.	Subtractions from line 34,	*****	1977776666781114786987744E	**********			,41997;1444,1143.14711124¢	15.	čua a namo namo na prijem na namo na p	Д.	00
16.	Income subject to tax. Subtract	line 1	5 from line 14. If	iline 15 i	s greater th	an line 14, ent	er "0"	16.	49,9	DZ	00
17.	Exemption allowance, Multiply I	ne 8f	by \$600	*********		#1 <i>5***************</i>		17.	2,40	0	00
18.	Taxable Income, Subtract line 17	from	line 16. If line 1	7 is grea	ter than line	16, enter "0".	***********************	18.	47,5	OZ.	00
19.	Tax. Multiply line 18 by 1,2% (0,0	12)	****************		(X C++&í++;å,,++++29++	 	*******************	19.	570)	00

	orm 5119, Page 2 Detroit Nonresident Income Tax Return	Filer's Full Social Security Number	· · · · · · · · · · · · · · · · · · ·			- 8987	7
PAR	T 2: PAYMENTS AND CREDITS			***************************************			***************************************
20.	Tax withheld from City Schedule W, line 5	B. 33.014		20.		603	00
21.	City estimated tax, extension payments and 20	15 credit forward		21.	eitaamiillembii	HARRING AND	00
22.	Tax paid for you by a partnership from City School	edule W, line 6		22.	anii ayanii isaano	1	00
	Total Payments and Credits. Add lines 20 thro	ough 22	***************************************	23.	uminandamenti	603	00
24.	If line 19 is greater than line 23, subtract line 23 Include interest and penalty	from line 19.	YOU OWE	24,			00
25,	Overpayment. If line 23 is greater than line 19,	subtract line 19 from line 23	innaminnaminganina	25.	»	33	00
26,	Credit Forward. Amount of line 25 to be credite	ed to your 2017 estimated tax for you	ur 2017 tax return	26.			00
	Subtract line 26 from line 25T 4: SUBTRACTIONS FROM INCOME			27		33	00
28.	Employee business expenses (see instructions)	. Attach copy of U.S. Form 2106	***************************************	28.		musuuminin ja	00
29.	Individual Retirement Account (IRA) contribution	i (see instructions)	eginnelisensylvinelisensky	29.	·	······································	00
30.	Alimony paid. Do not include child support (see	instructions),	igniiikanpuhinuanpuhia	30.		2	00
31.	Work-related moving expenses (see instruction	s). Attach a copy of U.S. Form 3903.	efreta (************************************	31.			00
32.	Net profits received from a financial institution of	r an insurance company	***************************************	32.			00
33.	Capital gains (before July 1, 1962)			33.			00
34.	Total Subtractions. Add lines 28 through 33. E	nter here and on line 15	***************************************	34.	Minmassamus	······································	00
	T 5: BUSINESS INCOME APPORTION	IMENT					;
Name	of Business Entity		Federal Employer l	lentificat	tion No.	(FEIN)	
		A. Located Everywhere	B. Located Detroit	in		C. Percenta (B divided by	
35.	Average net book value of real and tangible personal property	00	No. to a superior control of the superior control of t		00	XXX	X
36.	Gross annual rent paid for real property multiplied by 8	00	a de la constanta de la consta	964-in	00	XXX	X
37.	CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C	00			00		%
38.	Total wages, salaries, commissions and other compensation of all employees	00			00		%
39.	Gross receipts from sales made or services rendered	00		**************************************	00		1%
40.	TOTAL: Add lines 37, 38 and 39, column C	olivianismus antimortiva di inperiore		***********			%
41.	Average.* Divide line 40 by 3. If any of lines 37 actually used. If all business was conducted in	, 38, or 39 are zero or not used, divi the city listed on line 4, enter 100%.	de line 40 by the number	of fac	tors		%

10000 2016 102 02 27 9 Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and attached.

^{*} In the case of a taxpayer authorized by the Finance Director to use a special formula, attach a copy of the approval letter.

	orm 5119, Page 3 Detroit Nonresident Income Tax Return	Filer's Full Social Security Number	er (8987
42.	Net profit or (loss) from U.S. Schedule C or Schedu	le F	42.	00
43.	Multiply line 41 by line 42	emmmemmemmemm		00
44.	Applicable portion of net operating loss carryover	^^************************************		00
45.	Applicable part of self-employment retirement deduction	ction (attach U.S. <i>1040</i> , page 1	1)	00
46.	Add lines 44 and 45	Levis alaştır dalar estilkir pirtali kişyerile ile		00
47.	Subtract line 46 from line 43. Enter here and on line	10	47.	00
	T 7: CERTIFICATION	and the state of t	PROGRAMMO COSTA In consequence of the consequence of the costa of the	
Dece	eased Taxpayer. If Filer and/or Spouse died after Decer FR DATE OF DEATH ONLY. Example: 04-15-2016 (MM-	mber 31, 2015, enter dates below.	Preparer Certification.	I declare under penalty of perjury that nation of which I have any knowledge.
Filer		THE PROPERTY OF THE PROPERTY O	Preparer's PTIN, FEIN or SSN	
Taxp and at	ayer Certification. Lactere under penalty of perjury it tachments is true and complete to the best of my knowledge	that the information in this return	Preparer's Name (print or type	
Filer's	Signature Hunt Huntings	Date 7 14 19	Preparer's Business Name, Ad	dress and Telephone Number
Spous	se's Signature	2/14/19	warene	·
	By checking this box, I authorize the Michigan Depa my return with my preparer.	rtment of Treasury to discuss		

Refund or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 24. Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your Social Security number and "2016 Detroit Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit www.michigan.gov/citytax.

***** 0000 2016 102 03 27 8

City of Detroit Withholding Tax Schedule - 2016

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink. Print numbers like this: 0/23456789 - NOT like this: Ø 1 4 7

INSTRUCTIONS: If you had city income tax withheld in 2016, you must complete a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. Do not attach your Forms W-2. Attach your completed City Schedule W to Form 5118, Form 5119, or Form 5120. If you need additional space, complete the City of Detroit Withholding Tax Continuation Schedule (Form 5253).

1, Filer's First Name ALICIA	M.L. Last Name MAURICIO		2. Filer's Full Social Security No. (Example; 123-45-6789)
If a Joint Return, Spouse's First Name	M.I. Last Name AURICIO	-iin,mmaikutostatutata	3, Spouse's Full Social Security No. (Example: 123-45-6789)
4. Return for the city of: DETROIT	the annual control of the second state of the second control of th	City Code 170	0361

PART 1: CITY TAX WITHHELD

A Enter "X" for: Ter or Spouse	B — Employer's federal identification number (Example: 38-1234567)	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2 (see instructions)	E City income tax withheld from Box 19 of W-2	
X 38-6004606		CITY OF DETROIT FINANCE	49,902	603 0	
			00		
			oc		
	INITIAL MANAGEMENT (MICHIGAN PROPERTY)		OC)	
			OC)	
	Activities and the second		00		
			00		
		auntum Manus Massin Makang yang bigan menengan berbangan perbangan berbangan yang bilang sebagai berbang berba	Oc		
5. Total Cit	y Tax Withheld. Enter here a	nd carry to Form 5118, line 17, Form 51	19. line 20 or Form 5120. line 36.	603	

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A	В	C
Name of Partnership	Federal Identification Number	Tax Paid
		00
		00
		ÖÖ
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line	ne 22 or Form 5120, line 38	00

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- · All wage income earned by residents is subject to tax. Residents should not complete Part 3 on page 2.
- · Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

+ 0000 2016 104 01 27 8

Continue on page 2.

2016 Form 5121, Page 2
City of Detroit Withholding Tax Schedule

	-	2000
Filer's Full Social Security Number	- f	- 8987

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents do not complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional

space, attach a City of Detroit Withholding Tax Continuation Schedule (Form 5253).

Α	В	C	D	E	F		G	н
Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of days vacation, holidays, and other days not worked.	Actual number of days worked everywhere. Subtract C from B.	Actual number of days worked in Detrolt	Percentage o days worked i Detroit. Divide E by C	in	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages eamed in Detroit. Multiply G by percentage in F.
						%	00	0
	If column B is not	t 260 days, enter ex	kplanation.			,		
-						%	jo	
	lf column B is not	260 days, enter ex	kplanation.		kumuiuminiilimussk <i>a</i> ; 👌 5 -			
						%	00	
	If column B is not	t 260 days, enter ex	kplanation.					
						%	O	
	If column B is not	t 260 days, enter e	xplanation.		·			
						%	00	
	if column B is no	t 260 days, enter e	xplanation.					
						%	O(0
- 100 - 100	If column B is no	t 260 days, enter e	xplanation.					
						%	00	0
	lf column B is no	t 260 days, enter e	xplanation.					
			:			%	0	0
	If column B is no	t 260 days, enter e	xplanation.	<u> </u>			<u> </u>	The state of the s

NOTE: If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and your work log. Treasury may request a copy of your work log and employer letter.

+ 0000 2016 104 02 27 7

In Re: Robert C. Mauricio and Alicia C. Mauricio

Case No. 18-55224-mbm

Chapter 13

Hon: Marci B. McIvor

Debtors.

NOTICE OF DEBTOR'S OBJECTION TO CLAIM OF MICHIGAN DEPARTMENT OF TREASURY (CLAIM NO. 24)

Debtors, Robert C. Mauricio and Alicia C. Mauricio, have filed an objection to your claim in this bankruptcy case.

Your Claim may be reduced, modified or denied. You should read these papers carefully and discuss them with your attorney, if you have one.

If you do not want the court to deny or change your claim, then on or before a date not later than seven (7) days before the court hearing set below, you or your lawyer must:

1. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court 211 West Fort Street, Suite 1700 Detroit, MI 48226

If you mail your response to the court for filing, you must mail it early enough so the court will **receive** it on or before seven (7) days before the scheduled hearing date listed below.

2. Mail at copy to:

David Wm. Ruskin Chapter 13 Trustee 26555 Evergreen Rd., #1100 Southfield, MI 48076 Scott M. Kwiatkowski, Esq. Attorney for Debtor 4000 Town Center, Suite 1200 Southfield, MI 48075

3. Attend a hearing on the objection, scheduled to be held on June 27, 2019 at 9:00 a.m. in Courtroom 1875, United States Bankruptcy Court, 211 W. Fort St., Detroit, MI, unless your attendance is excused by mutual agreement between yourself and the objectors' attorney. (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which event the hearing will be canceled, and the objection sustained.

GOLDSTEIN BERSHAD & FRIED PC

BY: /s/ Scott M. Kwiatkowski

Scott M. Kwiatkowski P67871 Attorneys for Debtor 4000 Town Center, Suite 1200 Southfield, MI 48075 (248) 355-5300 scott@bk-lawyer.net

Dated: May 13, 2019

In Re: Robert C. Mauricio and
Alicia C. Mauricio
Case No. 18-55224-mbm
Chapter 13
Debtors.
Hon: Marci B. McIvor

CERTIFICATE OF SERVICE

I hereby certify that on May 13, 2019, I electronically filed the following papers with the Clerk of the Court using the ECF system which will send notification of such filing to the ECF Participants:

Documents Filed:	Debtors' Objection to Claim of Michigan Department of Treasury (Claim No. 24), proposed Order, Notice of Objection and this Certificate of Service
ECF Participants:	All parties listed by the Court for service via electronic mailing

And I hereby certify that on May 13, 2019,I mailed the documents by United States Postal Service to the following non-ECF participants:

Michigan Department of Treasury Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909

<u>/s/ Jennifer L. Gamalski</u>

Jennifer L. Gamalski

4000 Town Center, Suite 1200

Southfield, MI 48075

Phone:

(248) 355-5300

Fax:

(248) 355-4644

email:

iennifer@bk-lawyer.net

[Scott M. Kwiatkowski P67871

email: scott@bk-lawyer.net]

Dated: May 13, 2019